



DUTCHESS COUNTY HEALTH DEPARTMENT
387 Main Mall
Poughkeepsie, NY 12601
914-486-3404

Application For Water or Pool Operator Course

Instructions: Applicant -Complete and submit Sections A through C and mail to the Dutchess County Health Department with course fee.

SECTION A. PERSONAL INFORMATION

Name _____ Soc. Sec. # _____
(Last) (First) (MI)

Address _____
(No. & Street)

(City) (State) (Zip Code)

Telephone No. _____

SECTION B. EMPLOYMENT INFORMATION

Name of Employer _____
(Last) (First) (MI)

Address _____
(No. & Street)

(City) (State) (Zip Code)

Telephone No. _____

Water plant or pool description _____

SECTION C. COURSE INFORMATION

Name of Course: Water Operator Course **Grade A** ☐ **Grade B** ☐ **Grade C** ☐ **Grade D** ☐, **Pool** ☐

SECTION D. VERIFICATION OF COURSE COMPLETION. To be completed by Instructor.

The following courses have been successfully completed by the student.

Student's Name _____ Soc. Sec. # _____
(Last) (First) (MI)

Water Treatment Grade _____ ☐ Passed ☐ Failed ☐ N/A Final Grade _____

Water Distribution _____ ☐ Passed ☐ Failed ☐ N/A Final Grade _____

Pool _____ ☐ Passed ☐ Failed ☐ N/A Final Grade _____

REMARKS: _____

(Instructor's Signature) (Date)

SECTION E. COURSE FEE. Amount received: _____ check #: _____ date: _____